

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

Revised: January 1, 1995
State/Territory:

ARKANSAS

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☐ Not applicable. The Governor--

☐ Does not wish to review any plan material.

☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of
Department of Human Services

(Designated Single State Agency)

Date:

3-31-95

(Signature)

Director

Division of Medical Services

(Title)

TN No.

95-08

Superseded

Approval Date

MAY 04 1995

Effective Date

JAN 01 1995

TN No.

91-52

HCFA ID: 7982E

STATE	Arkansas	A
DATE REC'D	APR 25 1995	
DATE APPV'D	MAY 04 1995	
DATE EFF	JAN 01 1995	
HCFA 179	95-08	

STATE ARKANSAS

NONDISCRIMINATION

Revised August 30, 1977

Currently approved methods of administration under the civil rights requirements are on file in the Regional Office (submittal 469 dated 11-10-69).

Additional methods of administration will be developed to comply with Section 504 of the Rehabilitation Act of 1973 and the Regulations issued by the Department of Health, Education and Welfare (45 CFR Parts 80 and 84) as Federal guidelines are developed and published for program direction.

STATE	Arkansas
DATE	2-13-78
DATE	12-21-78
PCO-11	78-4

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